

Foster Family Home - Corrective Action Report

Provider ID: 1-120042

Home Name: Herbert Sales, NA

94-1112 Lumikula Street

Waipahu HI 96797

Review ID: 1-120042-8

Reviewer: Julie Hastings

Begin Date: 12/3/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) -Home inspection completed for a 2 person CCFFH recertification.
Corrective Action Report issued during home inspection with written correction due to CTA by 1/3/20.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)
No confidentiality training present for CG#3

Foster Family Home Personnel and Staffing [11-800-41]

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

41.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

• 41.(g)
No skills check list documentation for CG#3 for either client

41.(j)

41.(j)(2) PCG was absent from home upon CTA arrival. No approved substitute caregiver present in or around the house for approximately 25 minutes. CTA noticed that PCG asked Client #2 to let CG#2 in the front gate. Client #2 returned alone. A few minutes later CG#2 entered through the back door.

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Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

43.(c)(6)(B) Include access by the client to radio, television, telephone, internet.

Comment:

43.(c)(3) No RN delegation for CG#3 for either client

43.(c)(6)(B) There is no evidence that Client #1 has access to a phone to use anytime to anyone of his choosing. There is no phone present in the bedroom, nor can that client access without asking a caregiver. Client #1 did state that he doesn't have free access to a phone when he wants.

Foster Family Home

Fire Safety

[11-800-46]

46.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and

Comment:

46.(b)(1)
Client #1 needs assistance with evacuation. There was no one present upon CTA's arrival to assist with an evacuation had one been necessary.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1)
Client #1 with no signed order for restraints.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)
Under the my choice, my way MedQuest rules, clients must be able to lock their bedroom and bathroom doors for privacy. Client #1's bedroom door cannot be locked or unlocked by client safely.

Julia A. Hastings RN, BSN
Compliance Manager

Robert J. S. S. S.
Primary Care Giver

12/3/19
Date

12/3/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Herbert Sales**

CCFFH Address: **94-1112 Lumikula Street Waipahu, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.(b)(5) 41.(g) 43.(c)(3)	I filled out a SCG Change Removal Form and gave to CTA. CG #3	12/3/19	I will have all SCGs read and sign my Confidentiality policies and procedures form when I hire them. Also get skills check and RN delegations.
41. (j)(2)	I will be hiring new SCG, so I won't have to leave patients alone.	1/17/20	I will always have an approved SCG watching my clients when I leave my CCFFH.
43.(c)(6) (B)	I will continue to let client #1 use my cell phone. I dial the number for him.	12/3/19	I will let all client use my land line phone or cellular phone which is best for them.
46.(b)(1)	See 41. (j)(2)	12/3/19	
47.(d)(1)	I have recieved a Dr. order for restraint for Client #1	1/18/20	I will always check the Service Plan with the Dr. order to check on the CMA when I get new clients and new Dr. orders.

Primary Caregiver's Signature: *Herbert G. Sales*

Print Name: Herbert Sales

Date of Signature: 1/18/20

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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
53.(b)(9)	I have changed client #1's door lock to meet the new standards.	12/3/19	I will have door locks for the clients room and bathroom that meet the new laws.

Primary Caregiver's Signature: *Herbert Sales*

Print Name: Herbert Sales

Date of Signature: 1/18/20